


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete Item 1, End 3. Also complete item 2 if return delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mail piece, or on the front if space permits.</p>		<p>A. Signature </p> <p>B. Received by (Printed Name) <u>Sanna Miller</u></p> <p>C. Date of Delivery <u>April 7, 2005</u></p>	
<p>1. Article addressed to:</p> <p>MARK MILLER EXPECTATIONS 10116 S WASATCH BLVD SANDY UT 84094</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>JB DOGM M/035/024 4/4/05</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Register from service label) 7099 3400 0016 8896 1447</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
<p>JB DOGM M/035/024 4/4/05</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Proposed assessment MC-2005-03-03-01</p> <p>Postmark Here</p>
<p>Recipient's Name (Please Print Clearly) (to be completed by mailer)</p> <p>MARK MILLER - EXPECTATIONS</p> <p>Street, Apt. No.; or PO Box No</p> <p>10116 S WASATCH BLVD</p> <p>City, State, ZIP+4</p> <p>SANDY UT 84094</p>	
<p>PS Form 3800, February 2000 See Reverse for Instructions</p>	